

**QUESTIONNAIRE
ASHLAND MUNICIPAL INCOME TAX
218 LUTHER ST
ASHLAND OHIO 44805-3128
PHONE 419-289-0386 FAX 419-289-9225**

THIS FORM MUST BE FILED WITH THE ASHLAND MUNICIPAL INCOME TAX OFFICE PRIOR TO CONTRACT AND/OR PERMIT ISSUANCE.

1. Business Name: _____

Address: _____

Phone: _____ Fax: _____ Fed ID: _____

2. If above is a branch office, give address of main office:

3. Type of Ownership: (Please Check)

Individual Proprietorship Corporation Partnership

4. Accounting Period: Calendar Yr Ending Dec 31st
Fiscal Yr Ending: _____

5. Nature of Business: _____

6. On what date did you begin or expect to begin work in the City of Ashland _____

7. How long do you expect the job to last? Date: _____

8. Do you have employees? Yes No

9. If no do you expect to have employees in the future? Yes No

10. Send net profit returns to:
(complete name & address)

Send withholding forms to:
(complete name & address)

11. Does your business rent from others? Yes No

If yes, please indicate name and address of property owner.

12. Name and address of statutory agent: _____

Note: this must be completed

Signed: _____

Title: _____

Date: _____

Please complete and return this form within 14 days.